PAGE 1 / 11

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For Other Th	nan An Authorize	d Committee		Office Use Or	ıly
NAME OF COMMITTEE (in full)	TYPE OR PRII		ample: If typing, typer the lines.	ne 12FE4	M5	
National Nurses U	Jnited PAC - A I	Fund for a Healt	hy America			
ADDRESS (number and str		Street, Suite 1100				
Check if differenthan previously reported. (ACC)	t Silver Spring	3		MD	20910	
2. FEC IDENTIFICATION	ON NUMBER ▼	CITY ▲		STATE A	ZIP	CODE A
C C00446237		3. IS THIS REPORT	NEW (N)	or \square	AMENDED (A)	
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports	Report Due Or	T CD ZO (IVIZ) Jun 20	(M6) S	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31	eport (Q2) (C) 12 PF	RE-Election eport for the:	Primary (12P) Convention (12C)	Speci	ral (12G)	Runoff (12R)
Year-End Re July 31 Mid- Report (Non Year Only) (Termination (TER)	Year -election MY) (d) 30 PC	DELECTION ON PORT - Election on Election on	11 08 General (30G)		ff (30R)	Special (30S) he te of
5. Covering Period	10 / 01	2016	through	M M / D D D 19	2016	Y
I certify that I have exam Type or Print Name of Tr	Kuhl, Martha		owledge and belief	it is true, correct	and complete.	
Signature of Treasurer	Kuhl, Martha, , ,		[Electronically Filed	Date 1	0	2016
NOTE: Submission of false	, erroneous, or incomp	olete information may s	ubject the person sig	gning this Report	to the penalties of	52 U.S.C. § 30109
Office Use						ORM 3X 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Nurses United PAC - A Fund for a Healthy America

Report Covering the Period: From: 10 01 2016 To: 10 19 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		43887.70
	(b) Cash on Hand at Beginning of Reporting Period	29029.07	
	(c) Total Receipts (from Line 19)	761.00	69074.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29790.07	112961.70
7.	Total Disbursements (from Line 31)	10771.17	93942.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19018.90	19018.90
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	43224.34	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Nurses United PAC - A Fund for a Healthy America

01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 175.00 2815.00 (i) Itemized (use Schedule A)..... 586.00 16259.00 (ii) Unitemized (iii) TOTAL (add 19074.00 761.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 19074.00 761.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 50000.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 69074.00 12, 13, 14, 15, 16, 17, and 18(c))....... 761.00 20. Total Federal Receipts 761.00 69074.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calculate Fatto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	41827.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	41827.14
2. Transfers to Affiliated/Other Party		4 1 4 1 4 1
Committees	0.00	0.00
and Other Political Committees	8500.00	34890.00
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	2271.17	6775.66
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements (Including	7 7 7	7 7 7
Non-Federal Donations)	0.00	10450.00
 Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) 		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10771.17	93942.80
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	10771.17	93942.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	761.00	19074.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	761.00	19074.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	41827.14	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	41827.14	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOR LINE NUMBER:						PAGE	6	OF		11
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16	;		17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Nurses United PAC - A Fund for a Healthy America Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bowden, Carolyn, , , Date of Receipt Mailing Address 858 56th Street 2016 15 City Zip Code State Transaction ID: C10427115 CA Oakland 94605 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CA Nurses Asso Labor Rep Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Davari, Farah, , , Date of Receipt Mailing Address 10516 Almayo Ave 10 15 2016 City State Zip Code Transaction ID: C10427119 CA Los Angeles 90064 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CA Nurses Asso. Labor Rep Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 570.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dunne, Thomas, , , Date of Receipt Mailing Address P O Box 4737 10 15 2016 City State Zip Code Transaction ID: C10427120 CA Berkeley 91222 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Labor Rep Labor Rep Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

11

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Nurses United PAC - A Fund for a Healthy America Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Grisat, Michelle, , , Date of Receipt Mailing Address 50 Landers St 2016 15 City Zip Code State Transaction ID: C10427124 CA San Francisco 94114 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Educator/Researcher CA Nurses Asso. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Littles, Paula, , , Date of Receipt Mailing Address 5712 Netleaf Rd 10 15 2016 City State Zip Code Transaction ID: C10427127 TX Austin 78724 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CA Nurses Asso. Organizer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 475.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... 175.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	FOR LINE (check only 21b	NUMBER: PAGE 8 OF 11 one) 22 X 23 26 27			
			28a	28b 28c 29 30b			
Any information copied from such Reports and States or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full) National Nurses United PAC - A Fu		,,					
Full Name (Last, First, Middle Initial) A. Democratic Party of Illinois		Date of Disbursement					
Mailing Address P.O. Box 518				10 19 2016			
Springfield	State IL	Zip Code 62705		FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name				C C00167015 Transaction ID : D849549			
Candidate Ivanie			Category/ Type	Amount of Each Disbursement this Period			
Senate President	ment For: Primary Other (spec	General cify) ▼		5000.00 Memo Item			
State: District: Full Name (Last, First, Middle Initial)							
B. Doug Applegate for Congress		Date of Disbursement					
Mailing Address 380 S Melrose Dr Ste 207		10 19 2016					
City Vista	State CA	Zip Code 92081-6652		FEC Identification Number			
Purpose of Disbursement Contribution		C C00581595					
Candidate Name APPLEGATE, DOUGLAS LOREN	Category/ Type	Transaction ID: D849558 Amount of Each Disbursement this Period					
Office Sought: X House Disburse Senate	ment For: ; Primary Other (spec	✗ General	7F -	1000.00			
President State: CA District: 49		Memo Item					
Full Name (Last, First, Middle Initial) C. Gretchen Driskell for Congress				Date of Disbursement			
Mailing Address PO Box 464				10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Saline	State MI	Zip Code 48176-0464		FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name	Category/	C C00572859 Transaction ID : D849560 Amount of Each Disbursement this Period					
DRISKELL, GRETCHEN, , , Office Sought: House Disburse	Туре	500.00					
Senate President State: MI District: 07	Memo Item						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only				6500.00			

TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 🗶 23 26 27
		28a	28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) National Nurses United PAC - A F			
Full Name (Last, First, Middle Initial) - Nolan for Congress			Date of Disbursement
Mailing Address 1718 E Speedway Blvd # 140			10 19 2016
	State Zip Code AZ 85719-4515		FEC Identification Number
Purpose of Disbursement Contribution	1	· · · ·	C C00426734 Transaction ID : D849557
Candidate Name Nolan, David, F, ,		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate)	1000.00	
State: AZ District: 08	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) Salud Carbajal for Congress		Date of Disbursement	
Mailing Address PO Box 1290		10 19 2016	
City Santa Barbara		FEC Identification Number	
Purpose of Disbursement Contribution	1		C C00576041 Transaction ID : D849559
Candidate Name CARBAJAL, SALUD, , ,		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate		1000.00	
President State: CA District: 24		Memo Item	
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y	
City	State Zip Code		FEC Identification Number
Purpose of Disbursement		C	
Candidate Name	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	Туре		
State: District:	Other (specify) ▼		Memo Item
			2000 00
SUBTOTAL of Disbursements This Page (optional).			2000.00

17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. Any person for the purpose of soliciting contributions from such committee. Full Name (Last, First, Middle Initial) A Amalgamated Bank Mailing Address 275 Seventh Avenue City New York Purpose of Disbursement Loan Repayment Candidate Name Office Sought: Fill Name (Last, First, Middle Initial) B. Mailing Address City State District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Disbursement Candidate Name Office Sought: First, Middle Initial) Date of Disbursement be Disbursement be Disbursement for: Senate President Candidate Name Office Sought: First, Middle Initial) Date of Disbursement First, Middle Initial) Date of Disbursement First, Middle Initial) Amount of Each Disbursement this Period Office Sought: Office Sought: First, Middle Initial) Date of Disbursement First, Middle Initial) Date of Disbursement be Disbursement be Disbursement for: Category/ Type Amount of Each Disbursement this Period Office Sought: First, Middle Initial) Date of Disbursement be	SCHEDULE B (FEC Form 3X)	lles	water ask - stude ()	FOR LINE				
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A Commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pull) National Nurses United PAC - A Fund for a Healthy America Full Name (Last, First, Middle Initial) A Amalgamated Bank Mailing Address 275 Seventh Avenue City New York New York New York Purpose of Disbursement Candidate Name Category City State Disfort Full Name (Last, First, Middle Initial) Distort Full Name (Last, First, Middle Initial) Mailing Address City State Disfort Candidate Name Category City State Disfort Furpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name City State Disfort Category Office Sought House President Other (specify) State Disfort Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpose of Disbursement Candidate Name Category Office Sought House Purpo	Any information copied from such Reports and Staten	ı nents may r	not be sold or use	ed by any pers	on for the purp			
National Nurses United PAC - A Fund for a Healthy America Full Name (Last, First, Middle Initial) A. Amalgamated Bank Mailing Address 275 Seventh Avenue City	or for commercial purposes, other than using the name	ne and addr	ess of any politic	al committee to	solicit contribu	utions from such committee.		
Full Name (Last, First, Middle Initial) A malgamated Bank Mailing Address 275 Seventh Avenue City New York New York Purpose of Disbursement Loan Repayment Candidate Name Office Sought: House Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Category Type Category Type Memo Item FEC Identification Number C Amount of Each Disbursement this Period FEC Identification Number C Amount of Each Disbursement FEC Identification Number C Amount of Each Disbursement FEC Identification Number C Amount of Each Disbursement FEC Identification Number C Amount of Each Disbursement this Period FEC Identification Number C Amount of Each Disbursement this Period FEC Identification Number C Amount of Each Disbursement this Period FEC Identification Number C Amount of Each Disbursement this Period FEC Identification Number C Amount of Each Disbursement this Period FEC Identification Number C Memo Item Subtrotal of Disbursement this Period Memo Item Subtrotal of Disbursement this Period Memo Item Subtrotal of Disbursement this Period								
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Mailing Address 275 Seventh Avenue City New York New York Purpose of Disbursement Loan Repayment Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) Type Full Name (Last, First, Middle Initial) B. Mailing Address City State: Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement Disbursement Type Ty								
Mailing Address 275 Seventh Avenue City New York NY 10001 President Disbursement Loan Repayment Candidate Name Office Sought:	A. Amalgamated Bank							
New York Purpose of Disbursement Loan Repayment Candidate Name Office Sought: House Prisident State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Prisident Office Sought: House Prisident State: District: Full Name (Last, First, Middle Initial) Office Sought: House Disbursement For: Senate Prisident State: District: Cardidate Name Office Sought: House Disbursement For: Senate Prisident State: District: Full Name (Last, First, Middle Initial) Category/ Type Tec Identification Number Category/ Type Tec Identification Number Category/ Type Tec Identification Number Category/ Type Disbursement For: Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Ct. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Tec Identification Number Tec Identification Number Category/ Type Tec Identification Number Tec Identification Number Tec	Mailing Address 275 Seventh Avenue							
Purpose of Disbursement Loan Repayment Candidate Name City Purpose of Disbursement City Purpose of D	*				FEC Identif	ication Number		
Candidate Name Candidate Name Office Sought:		NY	10001					
Category/ Type Office Sought: House						11 D D040500		
Office Sought: House Senate President President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Primary General President Other (specify) Type Office Sought: House Disbursement For: Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Cardidate Name Category/ Type Office Sought: Senate President Other (specify) Memo Item FEC Identification Number Category/ Type Office Sought: Senate Primary General Other (specify) Date of Disbursement this Period Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Gategory/ Type Office S	Candidate Name			Category/				
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City	Office Cought					2271 17		
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Mailing Address City					Memo	item		
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Mailing Address City Purpose of Disbursement Candidate Name City Office Sought: House	D.				Date of Dis			
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Candidate Name Category/ Type Office Sought:	City		FEC Identification Number					
Office Sought: House Senate President Other (specify) State: District: Memo Item Date of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Date of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Office Senate Primary General Other (specify) State: District: Substitute Tipe Memo Item	Purpose of Disbursement		C					
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Senate Primary General Other (specify) State: District: C. Date of Disbursement City State Zip Code FEC Identification Number Candidate Name Office Sought: House Senate Primary General Other (specify) Senate President State: District: Subtrotal of Disbursements This Page (optional)					Amount of	Each Disbursement this Period		
State: District: Other (specify) Memo Item Date of Disbursement Mailing Address City State City State City State City Candidate Name Candidate Name Candidate Name Disbursement For: Senate President President Other (specify) Memo Item Memo Item Amount of Each Disbursement this Period Other (specify) Memo Item Substoctator Memo Item 2271.17						<u>, , , , , , , , , , , , , , , , , , , </u>		
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Substotal of Disbursements This Page (optional)								
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) State: District: Subtrotal of Disbursement Mm M / P D D / Y Y Y Y Y Y FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item 2271.17		Memo	Item					
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtotal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)							
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	C.				Date of Dis			
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substitute Amount of Each Disbursement this Period Memo Item 2271.17	Mailing Address				M = M /	D D / Y Y Y Y		
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substotal of Disbursements This Page (optional)								
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Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Substrict: Substrict: Memo Item Amount of Each Disbursement this Period Memo Item	Purpose of Disbursement		C					
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substrict: Memo Item			0					
Senate Primary General Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	Candidate Name		Amount of	Each Disbursement this Period				
State: District: Other (specify) ▼ Memo Item SUBTOTAL of Disbursements This Page (optional)		Office Sought:						
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)								
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SOBIOTAL OF DISDUISEMENTS THIS Page (optional)	<u> </u>							
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional)					2271.17		
	TOTAL This Period (last nage this line number only)					2271.17		

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 11

FOR LINE 13 OF FORM 3X

		Potation curimary rago Torrelive 15 or Fortivi 5X			
AME OF COMMITTEE (In Full) National Nurses United PAC - A Fund for a Healthy America					
LOAN SOURCE Full Name (Last, First Amalgamated Bank	t, Middle Initial)	N ☐ Memo Item			
Mailing Address 275 Seventh Avenue		Other (specify) ▼			
City	State	ZIP Code			
New York	NY	10001			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
50000.00		6775.66 43224.34			
TERMS Date Incurred	D	ate Due Interest Rate Secured:			
M 07	M 07	Base rate+1.5% % (apr) Yes No			
List All Endorsers or Guarantors (if a	ny) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	te ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City Stat	te ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	te ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	te ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
OTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.					